	Complete if known
	Application Number: 10/541,636
FEE TRANSMITTAL	Filing Date: July 5, 2005
	First Named Inventor: John Michael ROLL et al.
	Group Art Unit: 3753
	Examiner Name: Andrew J. Rost
TOT. AMT. OF PAYMENT: (1)+(2)+(3) = \$ 200.00 Attorney Docket Number: P03655US00 (AAF-02)	

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)	
The Commissioner is hereby authorized to:	3. ADDITIONAL FEES	
☑ Charge indicated fees	Fee Description Fee Paid	
Charge additional fees	Surcharge-late filing fee or oath	
☐ Credit overpayments	Surcharge - late provisional filing fee or cover sheet	
	Non-English specification	
to the account of: DANN, DORFMAN, HERRELL & SKILLMAN, P.C.	For filing a request for reexamination	
Deposit Account Number: <u>04-1406</u>	Requesting publication of SIR prior to Examiner action Requesting publication of SIR after Examiner action	
2. Payment enclosed:	Extension for response within first month	
Checks in the amount of: \$ Check Nos.:	Extension for response within second month	
THE CALL OF LEVEL	Extension for response within third month	
FEE CALCULATION	Extension for response within fourth month	
1. FILING FEE	Notice of Appeal	
Fee Description Fee Paid	Filing a brief in support of an appeal	
Utility filing fee	Request for oral hearing	
Design filing fee	Petition to institute a public use proceeding Petition to revive unavoidably abandoned application	
Plant filing fee	Petition to revive unintentionally abandoned application	
Reissue filing fee	Issue fee	
Provisional filing fee	Petitions to the Commissioner	
SUBTOTAL (1) \$	Petitions related to provisional applications	
Sobiotal (t)	Submission of Information Disclosure Stmt.	
2. CLAIMS	Recording each patent assignment per property (times number of properties)	
Extra Fee Fee Paid	Filing a submission after final rejection (37 CFR 1.129(a))	
Total Claims:	For each additional invention to be examined (37 CFR 1.129(b))	
Presented: 19 - 22 = 0 x 0.00 = \$0.00 = \$0.00	Other fee (specify)	
Independent Claims:	Other fee (specify)	
Presented: $4 - 3 = 1 \times 200.00 = 200.00		
(b) Multiple Dependent Claim:		
(first presentation)=		
(a) Enter 20 or number previously paid for	SUBTOTAL (3) \$ 0.00	
(b) Enter 3 or number previously paid for	30D1 OTAL (3) 3 0.00	
SUBTOTAL (2) \$\(\frac{200.00}{}{}\)		

Submitted By: Typed or Printed I	Name: Clement A. Berard	Reg. Number: 29,613	
			Deposit Account ID
Signature:	/clement_a berard/	Date: <u>April 25, 2007</u>	04-1406